

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Morehart for Judge				
Full Name of Contributor Marilynn Stephens			Registration Number, if PAC	
Street Address 118 E. Kossuth St.	Employer/Occupation/Labor Organization*		M 08	D 06
City Columbus	State OH	Zip Code 43206	Y 15	Amount 25.00
Form (Cash, Check, etc) Check				
Full Name of Contributor Yvette McGee Brown				
Street Address 325 John H. McConnell Blvd., Suite 600			Employer/Occupation/Labor Organization*	
City Columbus	State OH	Zip Code 43215	M 08	D 06
Form (Cash, Check, etc) Cash		Y 15	Amount 100.00	
Full Name of Contributor Beverly Corner				
Street Address 3589 Norwood St.			Employer/Occupation/Labor Organization*	
City Columbus	State OH	Zip Code 43224	M 08	D 06
Form (Cash, Check, etc) Cash		Y 15	Amount 15.00	
Full Name of Contributor Bryan Steward				
Street Address 7690 Calderdale St.			Employer/Occupation/Labor Organization*	
City Blacklick	State OH	Zip Code 43004	M 08	D 06
Form (Cash, Check, etc) Cash		Y 15	Amount 100.00	
Full Name of Contributor Michael Siewert				
Street Address 307 E. Livingston Ave.			Employer/Occupation/Labor Organization*	
City Columbus	State OH	Zip Code 43215	M 08	D 06
Form (Cash, Check, etc) Cash		Y 15	Amount 100.00	
Full Name of Contributor Robert Sauter				
Street Address 1135 Regency Dr.			Employer/Occupation/Labor Organization*	
City Columbus	State OH	Zip Code 43221	M 08	D 06
Form (Cash, Check, etc) Check		Y 15	Amount 150.00	
Full Name of Contributor				
Street Address			Employer/Occupation/Labor Organization*	
City	State	Zip Code	M 	D
Form (Cash, Check, etc)		Y 	Amount	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

\$7,890.00

Total expenditures this event

47.99

Page Total \$ 490.00